Innovative Healthcare Solutions.

World Trade Center National Responder Health Program General Medical Release Form Instructions

Listed below are instructions for completing the General Medical Records Release Form. This form should be used if you had treatment or were seen for a monitoring exam that was completed through your primary healthcare physician.

Step 1 – "I Authorize Section" – This should be filled in with the clinic, hospital or other medical facilities name, address, city, state, zip code, phone number and fax number that you would like to have medical records release from to go to LHI.

If you have more than one clinic, hospital or medical facility that you would like to have your records released from, you will need to make a copy of the General Medical Records Release Form and write in each facility on a separate form.

Step 2 – "Health Information" – This section needs to have one of the choices checked in order for the release form to be valid. The selection that is most widely selected is "All Healthcare Information". This helps our medical professionals to be able to review your case and make informed decisions on your treatment and coverage's. If you choose not to select "All Healthcare Information", one of the box(es) will need to be selected.

Step 3 – Expiration Date - In bullet number three, underneath the health information selections, you will need to complete a date on the line provided. This date should be one year from the date that you are completing the form.

Step 4 – Signature – The medical release form must be signed by you as the member. In addition, you will need to write in the date that the form has been signed and a daytime phone number in case we need to reach you with questions.

The additional signature at the bottom of the form is to be used if the member cannot sign the form themselves. The member's legal representative can sign this form and mark their relationship to the member. **This is only to be used if the member cannot sign the form themselves.**